



# KILLEEN PARKS & RECREATION

## REGISTRATION FORM

### KILLEEN COMMUNITY CENTER

2201 E. VETERANS MEMORIAL BLVD. , KILLEEN, TX 76541  
 PHONE: 254-501-8889 FAX: 254-526-9210  
 OFFICE HOURS: MON-FRI 8 AM – 5PM  
 SUN: CLOSED

### FAMILY RECREATION CENTER

1700-A E. STAN SCHLUETER LOOP , KILLEEN, TX 76542  
 PHONE: 254-501-6391 FAX: 254-501-6388  
 OFFICE HOURS: MON-FRI 5AM – 10PM; SAT 7AM – 8PM  
 SUN: 12PM – 6PM

### PLEASE CHECK ONE:

☐ GIRLS' 8U VOLLEYBALL  
(AGES 7-8)

☐ GIRLS' 10U VOLLEYBALL  
(AGES 9-10)

☐ GIRLS' 12U VOLLEYBALL  
(AGES 11-12)

☐ GIRLS' 8U BASKETBALL  
(AGES 7-8)

☐ GIRLS' 10U BASKETBALL  
(AGES 9-10)

☐ GIRLS' 12U BASKETBALL  
(AGES 11-12)

☐ T-BALL  
(AGES 4)

☐ GIRLS' 6U COACH PITCH  
(AGE 5-6)

☐ GIRLS' 8U MACHINE PITCH  
(AGES 7-8)

☐ GIRLS' 10U SOFTBALL  
(AGE 9-10)

☐ GIRLS' 12U SOFTBALL  
(AGES 11-12)

☐ GIRLS' 14U SOFTBALL  
(AGE 13-14)

### PARENT/GUARDIAN INFORMATION *(PLEASE PRINT)*

\_\_\_\_\_  
 MOTHER'S NAME

\_\_\_\_\_  
 PRIMARY PHONE

\_\_\_\_\_  
 SECONDARY PHONE

\_\_\_\_\_  
 E-MAIL ADDRESS

\_\_\_\_\_  
 FATHER'S NAME

\_\_\_\_\_  
 PRIMARY PHONE

\_\_\_\_\_  
 SECONDARY PHONE

\_\_\_\_\_  
 E-MAIL ADDRESS

### PLAYER'S INFORMATION *(PLEASE PRINT)*

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MI

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 ZIP CODE

DOES YOUR CHILD, LISTED ABOVE, HAVE A SIBLING THAT YOU WANT MATCHED ON THE SAME TEAM? ☐ YES ☐ NO

SIBLINGS' NAME: \_\_\_\_\_

### SCHOOL INFORMATION *(PLEASE PRINT)*

SCHOOL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

#### WHICH HIGH SCHOOL IS YOUR CHILD ZONED:

☐ ELLISON HIGH SCHOOL

☐ HARKER HEIGHTS HIGH SCHOOL

☐ KILLEEN HIGH SCHOOL

☐ SHOEMAKER HIGH SCHOOL

#### PREVIOUS PLAYING EXPERIENCE:

☐ RECREATIONAL LEAGUE

☐ TRAVEL/SELECT BALL

☐ BOTH RECREATIONAL & SELECT

☐ NONE

#### GIRLS' VOLLEYBALL/BASKETBALL ONLY:

MY DAUGHTER'S AGE AS OF **SEPTEMBER 1<sup>ST</sup>** OF THE CURRENT CALENDAR YEAR WILL BE \_\_\_\_\_ YEARS OLD.

#### GIRLS' T-BALL, COACH PITCH, MACHINE PITCH, SOFTBALL:

MY DAUGHTER'S AGE AS OF **JANUARY 1<sup>ST</sup>** OF THE CURRENT CALENDAR YEAR WILL BE \_\_\_\_\_ YEARS OLD.

T-SHIRT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

SHORT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

HAVING BEEN INFORMED OF THE ORGANIZATION OF THE CITY OF KILLEEN - KILLEEN PARKS & RECREATION TO PROVIDE SUPERVISED (ACTIVITY) GAMES FOR BOYS AND GIRLS, WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE OUR APPROVAL OF HIS/HER PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES DURING THE CURRENT SEASON. WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND WE DO HEREBY **RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS** THE CITY OF KILLEEN — KILLEEN PARKS AND RECREATION, THE ORGANIZERS, SPONSORS AND SUPERVISORS AND/OR ALL OF THEM. IN CASE OF INJURY TO OUR CHILD, WE HEREBY WAIVE ALL CLAIM AGAINST THE ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED BY THEM. IN ADDITION, I WILL ABIDE BY THE RULES STATED IN THE LEAGUE BY-LAWS OF THE KILLEEN PARKS AND RECREATION DEPARTMENT.

\_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

*REGISTRATION FEE: PLEASE WRITE PLAYER'S NAME ON YOUR CHECK OR MONEY ORDER. A \$5.00 HANDLING CHARGE APPLIES ON ALL REFUNDS; REGISTRATION FEES ARE NOT REFUNDABLE AFTER KPR'S FIRST LEAGUE GAME.*

### OFFICE USE ONLY

LEAGUE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

KPR STAFF INITIAL: \_\_\_\_\_